

# BENTON-FRANKLIN BEHAVIORAL HEALTH ADVISORY COMMITTEE

Meeting Minutes | August 10, 2023

**Call to Order:** 2:00 PM

**Introduction of Members:** All voting and non-voting members introduced themselves.

**Approval of Minutes from July 13, 2023:** The committee members all reviewed the July 13, 2023 committee meeting minutes. Chad Michael moved to approve the minutes as presented. John Roach seconded. Minutes were approved.

## **Public Comment:**

1. Leland Kerr, liaison with Trios health
  - Able to receive DOH preliminary approval of plans (old Trios/KGH building)?
    - *Response:* Haven't submitted the construction plans yet as we are still in the process of selecting a construction company.
  - County is responsible of maintenance of the building and landscaping?
    - *Response:* Working with the city of Kennewick, but yes.
  - Schedule regarding construction/opening?
    - *Response:* Time range 12/24 months
  - Progress of service provider?
    - *Response:* Contract was awarded to Comprehensive for all 4 services
  - Appreciated the service(s) that will be provided to the community.
    - *Response:* Crisis response teams will be discussed today
2. Mauricio
  - Sobering Center in Franklin County
  - Franklin Co, hospital/jail services
  - Clients coming out of benzos/opioids, need to get healthcare needs asap
    - Open to any other facility (not just Franklin County)
3. Michele Gerber
  - Suggests to committee to take down Trios signs at the Auburn facility to relieve any confusion
  - Suggestion to Mr. Kerr to refer answering any questions and refer them to Benton County
  - Matt Rasmussen agreed on the signs.
  - Mr. Kerr assured Michele that all questions were already being referred to the County.

## **Discussion Items:**

### **1. Recovery Center Naming**

- a. Presentation prepared and ready – John Roach
- b. Erin Petty, Michele Gerber, John Roach (Naming Subcommittee) have met 3 times over the last month and developed [a naming brief](#).
  - i. Did not put out a broad naming call to the community
  - ii. Descriptive/abstract ideas came up a lot, but feel that it would convey a sense of solidity with a more **unambiguous** name decision
  - iii. Talked a lot about regionality and its importance in the name

- iv. Top three name choices, in no particular order:
    - 1. Choice A: Benton-Franklin Recovery Center (BFRC)
      - a. Really represents the counties working together
    - 2. Choice B: Columbia Valley Center for Recovery (CVCR)
      - a. Columbia Valley is more of a historical term, from the days of WWI when veterans were given preference for irrigation plots
      - b. Wenatchee also does claim Columbia Valley as part of their moniker
      - c. Center **for** Recovery, evokes a different feeling than Recovery Center
    - 3. Choice C: Southeast Washington Recovery Center (SWRC)
      - a. Most regionally inclusive of the three
  - c. Secret Ballot approach
    - i. Easier to not feel normative pressures
    - ii. Weighted voting approach will be easier to do
    - iii. Angle of paper cutting does NOT invalidate the ballots; John did his best.
    - iv. If 5 votes (or more) for one name, that choice is the winner.
    - v. If less than 5 votes for each name, the votes will then be weighted.
  - d. Questions:
    - i. Brian Ace - does Walla Walla have a recovery center? (Regarding Choice B)
      - 1. Not that anyone has found during their searches
    - ii. Funding to the center if names Benton-Franklin, does the name then limit use to others outside of those two counties? (Regarding Choice A)
      - 1. Consensus is that it would not limit use.
    - iii. Chad Michael - can modifications be made to combine the naming?
      - Benton-Franklin Center for Recovery, for example
        - 1. A thorough thought process was had when determining the names within the subcommittee, although you may write in an option on the ballot if you so choose
  - e. Comments:
    - i. Matt Rasmussen likes Choice B, sounds more inviting. But he doesn't get to vote so he was just voicing his opinion.
    - ii. BJ Olson solicited input from Courtney (from Comprehensive)
      - 1. Her response; in her experience, the community will inevitably shorten the name.
        - a. Choice A, mostly likely would be shortened to "the Recovery Center"
        - b. Choice B, the flip to "Center for Recovery" does lend something different to how it could be perceived
        - c. Choice C is a bit of a mouthful.
        - d. Encourages the committee to choose what resonates best with them and the community
    - f. Since it was from a sub-committee, there is no need for a motion to vote on the name.
    - g. Voting taking place, all secret ballots returned to Nicole Webb (secretary/non-committee member)
      - i. Votes for A: 1 (second choice was B)
      - ii. Votes for B: 6**
      - iii. Votes for C: 2 (both had second choice of B)
2. While votes were being counted, BJ Olson asked if Sindi Saunders and Chad Michael had anything they wanted to discuss about the **RFP in development**
- a. Data reporting requirements – broad overview discussed
    - i. Comments or suggestions? Send to Sindi Saunders within the next week or two
    - ii. Kyle Sullivan curious at the end of the year how much they could've recouped from Medicaid, etc.
    - iii. Sindi Saunders listed some of the data elements already being looked into;

1. Demographics, Medicaid or not, number of encounters, category (or reason for responding), end-result from the contacts.
- iv. BJ Olson asked if they have seen data collection from other types of similar programs
  1. May have some good templates to look into
  2. Mental health, Opioids and Stimulants programs (Mauricio – public commenter)
- v. Carla Prock– time of call would be captured from SECOMM
- b. Chad Michael, suggests other ancillary duties will be available
  - i. Transport discussion last time: opted to not do transporting for a year, then reevaluate

**\*\* Revisiting the votes \*\***

Winning Name:

**Columbia Valley Center for Recovery**

(CVCR, CVC for Recovery)

- Next steps, now have the opportunity to use this in ways that can help (messaging, coalition)
- Does not cost a lot of money to hire a professional with a Branding Package.
- Effort that merits a little bit of investment to prioritize and allocate funding to do this right.

**3. Proposals for Sobering Center**

- a. Matt Rasmussen – sent out 2 proposals for the committee to review
  - i. **United Family Center** seemingly more akin to acute Recovery
  - ii. **Lourdes** more supported to Sobering Center
    1. Any questions can be sent to Matt, and he will reach out to Lourdes or United Family Center
- b. Chad Michael question for Mauricio (representing Lourdes) – Willingness to use the KGH campus (sobering center)
  - i. *Response:* Currently have a facility at 5<sup>th</sup> and Margaret, but they are open to using the KGH building. Open to staying or moving. Whatever will work best.
- c. Jason Bliss – How long to start up the program
  - i. Everything depends, licensing, DOH
  - ii. Refences at King County about staffing
    1. Emergency response person
    2. Whatever is best for the community
- d. Costs quoted from United Family Center were close to 3x as much as the Lourdes proposal
  - i. Matt reiterates to send questions to himself or Mike Gonzales
- e. Chad Michael – Sobering Center, ease pressure on emergency services
  - i. Pre-screening, assure they are medically safe to be there
  - ii. Can care be provided there at the scene, if needed instead of transporting
- f. Public Commenter – distinct difference between sobering services and withdrawal management
  - i. What is the advantage of the 23-hr sobering service
    1. 3-5 days for withdrawals to kick in, so it doesn't make sense
      - a. Spokane county does not have that service anymore
      - b. King county's service is still there
- g. John Roach - advantages, spoken about as a stepping stone, more of a 3.2 sub-acute social (as opposed to 3.7)
- h. Carla Prock – diversion program, keep them out of jail/hospitals until they have a place to go
- i. Matt Rasmussen – Sub-Acute social vs Secure Withdrawal Management (SWM)
  - i. SWM – secure facility, RCW 71.05
    1. Joel Chavez would be able to speak more
  - ii. Comprehensive has the intention to do both
- j. Brian Ace – 23-hr sobering service is intended as a bridge?

- i. Matt says that should be a secondary discussion
  - ii. Difference in timeline? Unsure.
- k. Concern that the sobering services would likely end
- l. Lourdes has a space already that can be utilized for this
  - i. Significant time saver if that is used instead of KGH
  - ii. Would be great to get those on an estimate
- m. Jason Bliss – general comments and response to discussion
  - i. Most sobering centers (as Gordon described), bunch of recliners, staff appears immediately, and if additional services are needed
  - ii. Though it will start as a bridge, he does not see it closing after the rest is up and running.
  - iii. Brian Ace – bridge may be until services need to be collocated
    - 1. Kyle Sullivan – need to be careful of expectations going into it.
      - a. 23-hr sobering center as a continuum of services
      - b. Agrees with Gordon, the chronic user is not going to be sober before detox on that 23<sup>rd</sup> hour, majority will most likely be addicted to a substance
      - c. Uneasy about having them come in and leaving with nowhere to go after 23hrs.
    - 2. BJ Olson – asked if it useful as a diversion to going to jail or hospital
      - a. Kyle Sullivan - Yes it can be, but not for the chronically addicted
        - i. Community may be anxious. Setting something like this up may be a good thing, but perils will be ahead as well.
      - b. Carla Prock – acknowledge any risks, even just community perception
        - i. Intent needs to be well marketed and made clear to the public.
  - iv. What if a bridge program is already being implemented (public comment)
    - 1. Court staff, case managing, CRC they can assess and connect to resources for individuals.
- n. BJ Olson – Steers public comments away to wait until **public comment time**
- o. Sindi Saunders – asked the next steps
  - i. Matt Rasmussen – review questions again, send to him, will send off from there
  - ii. Brian Ace – asks providers to come prepared for a 10min presentation
  - iii. Chad Michael – look at what is a continuum of care, take that into consideration as the system is designed
    - 1. BJ Olson – Counties are not moving that fast, but sobering center will be set up relatively quickly, builds good will with the cities. Recognizes that will solve one problem, but may create another problem. Curious if the committee has any thoughts on what is a priority in getting something going vs. having/exploring other options; social detox, etc.
      - a. Chad Michael– public will be equally frustrated if things are set up too quickly
      - b. John Roach – opportunity for them to help address questions that have been raised. Potential risks of perception, and some from worse net outcomes by doing it too fast and before we are ready. People could be better off with the opportunity to at least have 23-hrs under their belt since we do not have those things today. Not any tight metrics to look at on what's happening aside from overdose levels
        - i. What negative outcomes, aside from perception?
      - c. Carla Prock – We can communicate expectations. But if there is risk to that person or the people running the facility, that needs to be delved into.
      - d. Matt Rasmussen –maybe there is no reason for them to leave after 23 hrs?
        - i. Ryan Washburn – once you go over 24hrs, it goes into a different set of licensing, that is the reasoning.

- e. Michele Gerber – suggests starting now to get legislative regulations in place for the future, if possible.
- f. BJ Olson – worth asking the 2 proposals to look into the 2 licenses whether it's the social detox or sobering center, report back to the committee with what THEY think is the best option? Then an informed decision can be better made.
  - i. Michele Gerber – thinks that's a great idea
  - ii. Jason Bliss – Spokane Treatment & Recovery Services (STARS) Unclear if they had a DOH licensure.
    - 1. Behavioral Health Agency itself must have a license
      - a. Branch licenses are then formed when a new location opens.
    - 2. No day rate can be negotiated for the 23hr sobering center
- p. A lot of questions, not as many answers.

#### Public Comment:

1. **BFR Coalition** – thanking the naming committee for their dedication, meeting 3x in one month
2. **Carla Prock** – Overdose prevention summit, Sept 6<sup>th</sup>, invitation was sent. Richland Library.
3. **Courtney** – suggestion for questions for the applicants – how can they help with the continuum of care, to help reduce liability and increase service connection. Can push the liability piece back to the providers.
4. **Mauricio** – Already have sobering center. Not every patient there will be wanting to be coming for the services after they sober up a bit. Know that not everybody is going to be connected with services, due to their own choice. Voluntary program, patient's rights. People stay for an hour, get a snack, they can leave. Cannot touch the people or force them to stay.
5. **BJ Olson** – question; estimate contacts for sobering center could have in a day?
  - o *Strictly a guess*, but perhaps 4 or 5, city and county
6. **Gordon** – Sub-acute social makes sense, you can do everything you can do in the 23hr, but add more.
  - o **Recovery Navigator Program**

#### Other Business:

1. Matt Rasmussen - Chief Harris and Chief Crowley are present, announcing that Bob Gear stepping down on the committee and Chief Kevin Crowley has been recommended to fill that spot.
2. Jason Bliss – Late motion to have a 90-day moratorium on any funding requests from community members for the 1/10<sup>th</sup> of 1%.
3. John Roach – Seconds that motion but would like a slight amendment.
4. Jason Bliss –*Reasoning*: A lot of talk in the community, a lot of programs that need funding. Some requests are very valid, but until a mechanism is in place to effectively evaluate those and recommend to the Commissioners, it needs to slow down now before it rolls out of control
5. Amendment by John Roach – need a mechanism installed paired with a budget (even if it's a provision budget), we can't make those decisions
6. Chad Michael – agrees with those two, and the group has prioritized other services.

**MOTION:** Jason Bliss makes a motion to have a 90-day moratorium on any funding requests from community members for the 1/10<sup>th</sup> of 1 percent, until a mechanism is installed, and a provisional budget is prepared. John Roach seconded and upon vote, motion carried.

7. “You're not a herd of cats, sorry” (paraphrased) – BJ Olson, apology to the committee

Adjourned: [3:30pm]